

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/700613** FILING DATE

APPLICANT'S

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2				
3	1			
4	1	1		
5	1	1		
6	1	1	1	
7	2			
8	1			
9	2		1	
10				
11		1		
12				
13	1			
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	1			
26			1	
27	1		1	
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39	1			
40				
41	1			
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.	1	2		
TOTAL DEP.	10	14		
TOTAL CLAIMS	11	14		

BEST AVAILABLE COPY

TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		